

Sequatchie Valley Head Start Parent / Child Reading Activity

Child's name _____

Center _____

Parent / guardian's name _____
(Please print name)

Reading activity for the week of: _____

I read to my child on the following days:

Circle time spent on each day

Monday-	15 min	30 min	45 min	other _____
Tuesday	15 min	30 min	45 min	other _____
Wednesday	15 min	30 min	45 min	other _____
Thursday	15 min	30 min	45 min	other _____
Friday	15 min	30 min	45 min	other _____
Saturday	15 min	30 min	45 min	other _____
Sunday	15 min	30 min	45 min	other _____

Parent/guardian's signature _____

Date: _____

Center staff completes area below

Reading activity for the week of: _____

Total time spent of reading activity _____

Hourly Dollar amount of inkind _____

Total inkind amount _____

Staff signature _____

Date: _____